



General Assembly

Substitute Bill No. 336

February Session, 2002

***AN ACT CONCERNING STAFF SHORTAGES FOR SERVICES TO
CHILDREN WITH SPECIAL HEALTH CARE NEEDS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2002*) (a) For purposes of this
2 section, "children with special health care needs" means children who
3 have or are at a high risk for chronic physical, developmental,
4 behavioral or emotional conditions.

5 (b) The Department of Public Health shall develop and maintain,
6 within available appropriations, a children's home health care staffing
7 pool that includes registered nurses, licensed practical nurses, certified
8 nurse's aides, respiratory therapists and other health care workers that
9 are available to provide shift care in the home for children with special
10 health care needs. The department shall develop referral procedures
11 for purposes of the pool.

12 (c) The department shall require all licensed home health care
13 agencies to report on a regular basis on staff availability and
14 uncovered home health care shifts for children with special health care
15 needs. The department shall also request private duty placement
16 agencies to report such information on a regular basis.

17 (d) The department, in conjunction with home health care agencies,
18 shall develop a basic pediatric staff credentialing process that may
19 include preparedness to manage different levels of care required by

20 children with special health care needs.

21 (e) The department shall work with the special needs hospitals in
22 the state, including Yale New Haven Hospital, Connecticut Children's
23 Medical Center, New Britain Hospital for Special Care and John
24 Dempsey Hospital, to develop hospital-based in-service training for
25 staff involved in the care of children with special health care needs.

26 Sec. 2. (*Effective from passage*) (a) On or before January 1, 2003, the
27 Commissioners of Public Health, Social Services and Mental
28 Retardation shall jointly report, in accordance with section 11-4a of the
29 general statutes, to the joint standing committees of the General
30 Assembly having cognizance of matters relating to public health and
31 social services and the select committee of the General Assembly
32 having cognizance of matters relating to children on the coordination
33 and delivery of care for children with special health care needs.

34 (b) The report shall include, but not be limited to: (1) The number of
35 children with special health care needs who remain in institutional
36 settings due to placement difficulties related to inadequate
37 community-based services; (2) information on the ease of access by
38 families to programs across agencies; (3) interagency-pooled funding
39 options to provide services to children with complex, multiple health
40 care needs; (4) coordination of state-based services with private
41 insurers; (5) web-based linkages for state programs for physical health,
42 behavioral health, developmental services and respite services; (6)
43 identification of a lead case management entity and uniform case
44 management standards for services for such children; (7) an evaluation
45 of programs that deliver care to such children; (8) models used in other
46 states to meet the service and care management needs of such children;
47 and (9) an analysis of the feasibility, including cost, of establishing a
48 safe home to provide group care for children with special health care
49 needs.

50 Sec. 3. (NEW) (*Effective from passage*) (a) For purposes of this section,
51 "medically fragile children" means children from birth to age twenty-

one who (1) have a disability that requires the routine use of a medical device to compensate for the loss of a life sustaining bodily function, and (2) require daily ongoing care or monitoring by trained personnel. Such medical devices may include mechanical ventilators, tracheotomy, oxygen dependence, nasogastric tube or gastrostomy tube and central venous lines.

(b) The Commissioner of Social Services shall develop a waiver under Title XIX or Title XXI of the federal Social Security Act to provide home and community-based services including, but not limited to, medical day care services, personal care attendant services and transitional acute post-hospitalization services to medically fragile children who are technology dependent. The Department of Social Services shall report the waiver plan, in accordance with section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to human services.

Sec. 4. Subsection (h) of section 17b-364 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

[(h) The commissioner may increase the number of facilities participating in the demonstration project from three to four on or after January 1, 2000. The commissioner may issue a request for proposals or select from respondents to a request for proposals issued to select the initial three demonstration project facilities.]

(h) The commissioner shall establish a demonstration project to provide sub-acute behavioral care for children enrolled in the HUSKY program. Said demonstration project shall be conducted in no more than three facilities, involving up to sixty existing licensed beds. Said demonstration project shall amend the participating facility's existing scope of services. Physical environment may be modified to improve cost-effective care delivery for short-term and long-term behavioral health care delivery to children.

(i) Said demonstration projects shall be selected and shall have

84 established rates based on the principals set forth in subsections (d)
85 and (g) of this section. Any licensed health care institution, as defined
86 in section 19a-490, may apply for said projects.

87 (j) The Commissioner of Social Services, in consultation with the
88 Commissioners of Public Health and Children and Families shall
89 establish the demonstration projects. The Commissioner of Public
90 Health shall adopt regulations, in accordance with chapter 54, to
91 establish criteria for the conversion of beds in existing health care
92 institutions to provide sub-acute behavioral health care.

93 (k) The Commissioners of Social Services, Public Health and
94 Children and Families shall report the plan for implementing the
95 provisions of subsection (h) to (j), inclusive, in accordance with section
96 11-4a, to the select committee of the General Assembly having
97 cognizance of matters relating to children and to the joint standing
98 committees of the General Assembly having cognizance of matters
99 relating to human services and public health.

100 Sec. 5. (*Effective July 1, 2002*) The sum of one hundred twenty
101 thousand dollars is appropriated to the Department of Public Health,
102 from the General Fund, for the fiscal year ending June 30, 2003, for the
103 children's home health care staffing pool pursuant to subsection (b) of
104 section 1 of this act.

105 Sec. 6. (*Effective July 1, 2002*) The sum of five hundred thousand
106 dollars is appropriated to the Department of Public Health, from the
107 General Fund, for the fiscal year ending June 30, 2003, for the research
108 necessary for the report pursuant to section 2 of this act.

109 Sec. 7. (*Effective July 1, 2002*) The sum of one hundred thousand
110 dollars is appropriated to the Department of Social Services, from the
111 General Fund, for the fiscal year ending June 30, 2003, for the
112 development of the program pursuant to section 3 of this act.

This act shall take effect as follows:
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Section 1	<i>July 1, 2002</i>
Sec. 2	<i>from passage</i>
Sec. 3	<i>from passage</i>
Sec. 4	<i>from passage</i>
Sec. 5	<i>July 1, 2002</i>
Sec. 6	<i>July 1, 2002</i>
Sec. 7	<i>July 1, 2002</i>

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